

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/20/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445071	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/18/2011
NAME OF PROVIDER OR SUPPLIER CLAIBORNE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING 2-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1998 K7 SURVEY UNDER: 2000 EXISTING K8 100-bed SNF/NF	K 000			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area 's two (2) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on April 18, 2011 at 1:30 p.m. confirmed unsealed penetrations in the ceiling of the 1st floor elevator equipment room.	K 029	K 029 The identified deficient area, unsealed penetrations in the ceiling of the 1 st floor elevator equipment room, was repaired with approved fire stop caulk by assigned maintenance department employee. Responsible person: Facility/Safety Manager. Date of Completion: 04/19/2011 To ensure that all smoke and/or fire penetrations are identified and repaired immediately, all areas are checked during an annual building inspection in addition to immediately post any type of work in the area. Maintenance staff to be re- educated on the inspection and repair process. Responsible person: Facility/Safety Manager. Date of Completion: 05/06/2011.	4/19/2011 5/6/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

T. S. Brown

Administrator

5/4/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.